## 2000 UNIFORM BUSINESS REPORT (UBR)

3/8/00-90055-029-\$150.00-\$150.00

DOCU	MENT # P98000	030501								'
1. Entity Name STARFIRE'S POMS, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place	e of Business	Mailing Address		<u> </u>	_				M 2: 57	
23750 SW 142 AVE MIAMI FL 33032		23750 SW 142 AVE. MIAMI FL 33032				~	UU MA	1 30 F	m 2·31	
* •						e venendar til talur kulla Radie datili	 (11) 11:11 11:11		<u> </u>	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	DO NOT WRIT	E IN THIS S	PACE		
City & State		City & State			4, F	El Number <b>65-082826</b>	1		plied For t Applicable	
.Zip Country		Zip Cou		ntry	5. (	5. Certificate of Status Desired  \$8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent			7. 1	lame and Address of New R				
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9550	DERS, BERTA M.CPA		Street Address			ox Number is Not Acceptable	e)			
STE 3 11 11 11 11 11 11 11 11 11 11 11 11 1				City				Zip Code		
			<u></u>	·			FL			
8. The above	named entity submits this statement	for the purpose of changing	) its register	ed office or regi	stered ag	ant, or both, in the State of Fig	mua			
SIGNATURE .	Signatura, typed or printed name of registered age	nt and title III applicable. (1	NOTE: Register	per enstangle heeft be	uired when re	enstating)	CATE			
*A This coro	pration is eligible to satisfy its Intangib		WIII FEE	IS \$150.00		10. Election Campaign Fir			O May Be	
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2000  Make Check Payable 1			, 2000 Fee	will be \$550.0		Trust Fund Contribution	-		to Fees	
11.	OFFICERS AN	iii	12.			DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	5 IN 11	_
TITLE	D	Delate	TITE	.E				Change	Addition	66/6
NAME	CABRERA, JOSE A		NAA STR	AE EET ADDRESS						34
STREET ADDRESS CITY-ST-ZIP.	23750 SW 142 AVE MIAMI FL 33032		- 1	r-ST-ZIP						CR2E034 (9/99)
TITLE	10g (1 ) =	ettisO 🗀	nn	1	,	4		☐ Change	☐ Addition	ਹ
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CITY-ST-ZIP	MIAMI FL 33032			Y-ST-ZIP						
TITLE		☐ Delete	TIM					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAI STR	ME Bet address						
C/TY-ST-ZIP	}			Y-ST-ZIP			_			
TITLE		Oefiste	TH					_ [ Change	Addition_	
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CITY-ST-ZIP	[	,		Y-ST-ZIP						
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NAME ATTRET ADODESS	<u>}</u>		NA) Ste	ME MEET ADDRESS					1	
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP						
TITLE		☐ Dekste	TUT	1				Change	Addition	
NAME PARET ADDRESS			, NA.	ME REET ADDRESS	_					
STREET ADDRESS CITY-ST-ZIP	1		СП	Y-ST-ZIP	•					
13. I hereby indicated	Certify that the information supplied wild on this report or suppliemental report povation or the receiver or trustee entry or on an attachment with an address	ith this filling does not qualif t is true and accurate and the	y for the ex nat my signa port as recu	emption stated in ature shall have pired by Chapter	n Section the same 607. Flori	119.07(3)(i), Florida Statutes, legal effect as if made under lda Statutes; and that my nam	! further cer oath; that ( a e appears in	tify that the i im an officer a Block 11 or	nformation or director r Block 12 if	
changed	or on an attachment with an address	s, with all other like empowe	red.			[_,[			0.0	
SIGNAT	rure:tanon	16 7 en (),	HA	BCAN A	บัยกั	2/20/00	<u>، د د</u>	257	2818	
	A-CLIATION 44:- T1000 1:		wire on our Pr	YOR		Dote.	n	autime Phone (	1	